

Continuing Education Activity Plan Sponsor Form

Times of Fippio (ed Sponso	or: Nebraska Commission for the I	Deaf and Hard of I	<u>Iearing</u>	
Activity Number:				
Sponsor	Code . Month / Year Ascer	nding within month; It	nternal code (optional) Su	
Activity Title:				
Location of Activity:		(City)	(State)	
Instructor(s) Name(s)				
Contact Person (s)		Contact Phone(s)		
Email:	Websi	te		
Activity Start Date: Start time for Activity:	·	y Completion Date Ending time for	: Activity:	
	ivity:am/pm? vity:am/pm?	2 nd Day Ending t	ime for Activity:ime for Activity:	
Total Number of Continuing	ng Education Credits (CEUs) to be	awarded to each p		
	Content Level: (refers to participants knowle	edge)	Participating Programs: (circle one):	
	(CMP only	
(circle one):	Little / none		3	
(circle one): Professional Studies (PS)	Little / none Some		ACET only	
(circle one):			ACET only CMP & ACET BOTH	
Professional Studies (PS)	Some		•	

Date: